

Non-Emergency Medical

NC Medicaid

Transportation: Part II

County Playbook: Medicaid Managed Care

Non-Emergency Medical Transportation under Managed Care

The Non-Emergency Medical Transportation Part (NEMT) II Fact Sheet covers the following topics:

- 1) NEMT responsibilities for County Department of Social Services (DSS)
- 2) NEMT responsibilities for health plans
- 3) How Medicaid beneficiaries access NEMT covered services
- 4) NEMT policy guidance documents

COUNTY DSS AND HEALTH PLAN NEMT RESPONSIBILITIES

Non-emergency medical transportation (NEMT) is a critical covered benefit for Medicaid beneficiaries. It allows beneficiaries to access health care services from Medicaid providers and is a covered service in both Medicaid Direct and Medicaid Managed Care. NEMT services consist of arranging and/or paying for transportation that is medically necessary. Both the County DSS and health plans are responsible for arranging transportation for eligible beneficiaries/members. County DSS and health plans are expected to work together to facilitate NEMT services when a household has beneficiaries that participate in both programs (Medicaid Direct and Medicaid Managed Care) and when beneficiaries move from one program to another.

Health Plans

Health plans are required to provide NEMT services for all Medicaid Managed Care members. The services provided must be at a minimum in the amount, duration and scope of what is provided to beneficiaries under Medicaid Direct (i.e., Medicaid Fee-For-Service). More information is outlined in the NEMT Fact Sheet Part I in the County Playbook.

County DSS

There are no changes to current NEMT eligibility policies (i.e., MA-3550 and MA-2910), or related billing/claims submission processes for NC Medicaid Direct beneficiaries. The County DSS will continue to provide NEMT services to all Medicaid Direct beneficiaries, unless they contract with a third party.

- The County DSS should continue to provide the DMA-5046 Medical Transportation Assistance Notice of Rights/Responsibilities at application and redetermination to all Medicaid Beneficiaries (NC Medicaid Direct and Medicaid Managed Care). The DMA-5046 will be updated to include language specific to managed care.

- The County DSS will continue to complete the DMA-5047, Medicaid Transportation Assessment, for all NC Medicaid Direct beneficiaries.
- The County DSS will continue to complete all other NEMT forms outlined in current policies for all NC Medicaid Direct beneficiaries.

Working Together:

In order to coordinate efforts, the health plans, transportation brokers, and County DSS will need to work together to facilitate the continuity of care for Medicaid beneficiaries who use NEMT services.

Activity	County DSS	Health Plan
Contracting for Services for Medicaid Managed Care	County DSS interested in providing NEMT services for Medicaid Managed Care members need to contract with each transportation broker. Contact the transportation broker with questions regarding NEMT contracting Transportation broker contact information can be found in the NEMT Fact Sheet Part I in the County Playbook.	Health plans contract with transportation brokers to coordinate NEMT services. Transportation brokers contract with providers to build an adequate network to meet health plan requirements. Brokers can contract with counties for these services.
	<p>Note: All Medicaid Managed Care members should be encouraged to work with their health plan to receive transportation assistance. If the County DSS is not contracted with the health plan or their vendor, but provides NEMT services for that health plan's member, the County DSS should reach out to the health plan to determine how to receive reimbursement as an out-of-network provider. Each health plan and their vendor will have a different out-of-network policy and has different policies around single trip contracts on a necessity basis. During the transition of care period, there may be out-of-network exceptions.</p>	
Transition of Care (when a beneficiary moves from one program to another)	<p><u>NEMT Provider Report:</u></p> <ul style="list-style-type: none"> - County DSS completed the NEMT Provider Report in August 2019, which identified the NEMT providers under contract in their county. <p><u>NEMT History Tracker:</u></p> <p>County DSS will identify high need, frequent, and privately reimbursed beneficiaries on the NEMT History Tracker. This tracker will be shared with health plans.</p>	<p><u>NEMT Provider Report:</u></p> <ul style="list-style-type: none"> - Health plans will use the NEMT Provider Report to help them build NEMT networks. <p><u>NEMT History Tracker:</u></p> <ul style="list-style-type: none"> - Health plans will use the NEMT History Tracker to proactively contact beneficiaries with high need to coordinate NEMT services during the transition to Managed Care.
Transportation Coordination for Split Households	In some cases, a household could have one beneficiary in Medicaid Direct and one in Medicaid Managed Care. The health plan and the County DSS should work together to coordinate transportation for this household. Please reference Case Scenarios #6 and #7 for more information.	

WHO DOES THE BENEFICIARY CONTACT FOR TRANSPORTATION ASSISTANCE?

NC Medicaid Direct

NC Medicaid Direct beneficiaries should continue to contact their County DSS for transportation assistance. For a full list of North Carolina County DSS contact information and hours of operation, go to <https://www.ncdhhs.gov/localdss>.

NC Medicaid Managed Care

Once Medicaid Managed Care is live, enrolled Medicaid members should always contact their health plan for transportation assistance. A Medicaid Managed Care member that contacts the County DSS for transportation assistance should be directed to their health plan.

- As of January 1, 2020, Medicaid managed care members can contact their health plan for trips taking place after February 1, 2020.

Medicaid Managed Care members should contact their Health Plan Member Service line or the Where's My Ride line to receive transportation assistance. Health plan specific contact information follows:

Health Plan NEMT Contact Information			
WellCare (One Call)		UnitedHealthcare Community Plan (National MedTrans)	
Member Services: (866) 799-5318 Where's My Ride: (877) 598-7602 Website: www.wellcare.com/nc		Member Services: (800) 349-1855 Where's My Ride: (833) 587-3901 Website: www.uhccommunityplan.com/nc	
HealthyBlue (LogistiCare)	AmeriHealth Caritas (LogistiCare)	Carolina Complete Health (LogistiCare)	
Member Services: 844-594-5070 Where's My Ride: (855) 397-3602 (Hearing impaired (TTY): 1-866-288-3133) Website: www.healthybluenc.com	Member Services: 855-375-8811 Where's My Ride: (855) 397-3603 (Hearing impaired (TTY): 1-866-288-3133) Website: www.amerihealthcaritasnc.com	Member Services: 833-552-3876 Where's My Ride: (855) 397-3601 (Hearing impaired (TTY): 1-866-288-3133) Website: www.carolinacompletehealth.com	

NEMT POLICY GUIDANCE

There are three categories of NEMT policy guidance: 1) Medicaid Direct NEMT Policy, 2) Medicaid Managed Care NEMT Policy, and 3) Health Plan NEMT Policy.

- The current Medicaid Direct NEMT Policy is in [MA-2910](#) and [MA-3550](#) and will not change under Medicaid Managed Care.
- The State worked with the health plans, NEMT vendors, public transportation, and county representatives to develop and refine the Medicaid Managed Care NEMT policy guidance. The Medicaid Managed Care NEMT policy guidance builds upon the current Medicaid Direct NEMT policy (MA-2910/3550) to include context for situations that would arise under Managed Care that are specific to health plans and their transportation vendors.
- Each health plan will have its own NEMT policy and process. Health plans must adhere to MA-2910/3550, [Contract #30-190029-DHB Prepaid Health Plan Services](#), and the Medicaid Managed Care NEMT Policy Guidance.

Note: Reference the NEMT Case Scenario Fact Sheet in the County Playbook to see how the NEMT process will work under Medicaid Managed Care.